

Signature of Applicant (Sign in Ink)

SUPERIOR COURT OF CALIFORNIA COUNTY OF YOLO HUMAN RESOURCES 601 COURT STREET P. O. BOX 1290 WOODLAND, CA 95776-1290 (530) 406-6882

PERSONNEL USE ONLY Accepted Not Accepted
1. Education
2. Experience
3. Lic/Reg
4. Other
Analyst:
Date:

EMPLOYMENT APPLICATION

Instructions: Please complete all sections of the application A separate original application is required for each examination. Use a typewriter or print in blue or black ink. Incomplete or illegible applications will not be considered; if a typing certificate is required, it MUST be attached to application. Notify the Superior Court Human Resources Office of any change of address. 1. POSITION APPLYING FOR: 2. NAME: Home Phone: Middle Initial Other last names you have used: Work Phone: 3. ADDRESS: Street City State Zip Code 4. SOCIAL SECURITY NUMBER: (Used for applicant record control) Do you speak another language fluently? \(\square\) Yes \(\square\) No If so, specify: Do you claim Veterans' preference as described on the examination notice? Yes No Do you claim Veterans' disability? Yes No Attach DD214 or GS-6954 to completed application (copies are not returnable). Discharge must be verified in the Human Resources Office on or before the final filling date for the position to qualify for preference credit. 7. Have you ever been convicted by any court of an offense? If yes, please make a note in Section 12 of the date and place of each offense, the specific charge, the date and place of conviction, and the fine or the sentence received. You may omit any offense for which the only punishment imposed was a fine of less than \$150. Any offense that resulted in a fine in excess of \$150, a jail or prison sentence, or probation MUST BE reported. (A criminal record is not necessarily a bar to employment. Each case is given individual consideration based on job relatedness.) Yes No 12. Note: Explain fully items 7 and 8 in this section Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the pat ten years? \(\subseteq \text{Yes} \subseteq \text{No} \) Valid Driver's License No. State (Only if required on job announcement) Class **Expiration Date** 10. NOTE: Reasonable testing arrangements may be made to accommodate candidates with disabilities or who are unable to attend a scheduled test due to religious reasons. If applicable, such candidates must call Human Resources at (530) 406-6880 prior to a scheduled test date to request any necessary accommodations. FOR HUMAN RESOURCES USE ONLY CERTIFICATION: I hereby certify, under penalty of periury, that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disgualification from the examination process or dismissal from employment with the Yolo Superior Court. I authorize the employers and educational institutions identified in this Employment Application to release any information they may have concerning my employment or education to the Yolo Superior Court. Yes No (If no, explain in the Remarks section on reverse)

Date Signed

Do you have a High School Diploma or G.E.D. certificate? Yes No If no, check the highest grade completed: $\Box 1$ $\Box \overline{2}$ $\Box \overline{3}$ $\Box 4$ $\Box \overline{5}$ $\Box 6$ $\Box \overline{7}$ $\Box 8$ $\Box 9$ $\Box 10$ $\Box 11$ $\Box 12$ Names of Colleges/Universities Attended and locations Course of Study/Major Semester Units **Quarter Units** Type of Degree Serial No. or Professional Licenses or Certificates. if Issuing Agency Date Issued **Expiration Date** Identification No. required **EMPLOYMENT HISTORY** Give complete information for jobs held during the past ten years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. May we contact your present/former employer(s)? EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW. Dates Employer's Name & Address Title: Reason for From: Leaving: To: Duties: Total: Full Time: Part Time: Supervisor: Number of persons Phone: supervised: Salary/Month:\$ Dates Employer's Name & Address Title: Reason for From: Leaving: To: Duties: Total: Full Time: Part Time: Supervisor: Number of persons Phone: supervised: Salary/Month:\$ Dates Employer's Name & Address Title: Reason for Leaving: From: Duties: To: Total: Full Time: Part Time: Supervisor: Number of persons Phone: supervised: Salary/Month:\$ Remarks:

EDUCATION AND TRAINING - A copy of degree, license or certificate must accompany application if required on job

announcement.

YOLO SUPERIOR COURT

AFFIRMATIVE ACTION AND RECRUITMENT QUESTIONNAIRE

AFFIRMATIVE ACTION:

The follow and kept s	ing in separa	formation is required by various state and federal agencies for employment. This information will be detached from your application by Human Resources te and confidential. It will be used for statistical purposes only:			
Male \square	☐ Female ☐				
Position T	itle:				
	A. B.	Do you (1) have a physical or mental impairment which substantially limits one or more of your major life activities; i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; (2) have a record of such impairment, or (3) are regarded as having such impairment? Yes No Will the above disability limit your ability to compete in the examination and/or perform the job applied for? Yes No Please specify the disability if you answered yes to (B):			
RACE/ET	HNIC	IDENTIFICATION: (Check one)			
		WHITE (Not of Hispanic origin) Persons having origin in any of the original peoples of Europe, North Africa or the Middle East.			
		BLACK (Not of Hispanic origin) Persons having origins in any of the Black racial groups in Africa.			
		HISPANIC Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.			
		ASIAN OR PACIFIC ISLANDERS. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes China Japan, Korea, the Philippine Islands and Samoa.			
		AMERICAN INDIAN OR ALASKAN NATIVE Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.			
		FILIPINO All persons of Filipino descent.			
RECRUIT	MENT	ī:			
Please inc	dicate	how you became aware of this job opportunity:			
		ORD OF MOUTH Court employee Relative or friend			
		VERTISEMENT Newspaper – specify: Radio Television Trade or Professional Journal Community Organization:			
		LLETIN BOARDS Court Human Resources Office County Human Resources Office State Employment Office (EDD) Internet Other (specify):			
		BLIC ORGANIZATION CONTRACTS Human Resources Job Line State Employment Office County Department Office Other (specify):			



This supplemental application form is an <u>examination</u>. All candidates are <u>required</u> to complete and return this supplemental application form with their application for this position. The supplemental application form will be used to select the most highly qualified candidates who will then advance to the next step in the selection process. The questions that follow will be used to evaluate the extent to which a candidate has demonstrated and applied the knowledge, skills and abilities critical to successful performance in this position. Briefly and concisely respond to each of the following questions. Limit your responses to one 8.5" x 11" page per question. Responses must be legibly

1) Name (please print):					
2) Social Security Number:					
response to all of these questions is	is required to be co	onsidered for th	is position.		
	•		,		
Language	t your language(s) and certification and/one mguage Certification			ation Number	
(4) If you are not yet certified and have recently taken a examination to become certified court interpreter in a specific language, please indicate the language you expect to become certified for and the date you expect to receive the results:					
Language		Date of E	xam	Date Results Expected	

(5)	Describe your experience and skill simultaneous and consecutive mode	to interpret from es. (Please attach	and into English additional sheets	and a non-English as necessary.)	language	using

(6)) Do you wish to revoke your previously designated opt-out decision?				
	□ Yes	□ No	□ N/A		
(7)	Are you willing to be	cross-assigned v	vithin this region and/or in neighboring regions?		
	□ Yes *	□ No**	If Yes, please Identify the Counties below.		
	Counties:				
	* Answering in the af ** Answering in the ne	firmative does negative will not d	ot bind you to accept a cross-assignment to any particular court. isqualify you from employment as a Court Interpreter.		
(8)	certification by are true and accurate		certify that all statements made in this supplemental employment application by knowledge.		
Print Na	ame:				
Signatu	Jre:		Date:		

The Court will provide reasonable accommodations to disabled candidates in the selection process. If you have need for accommodation, please notify the Court Human Resources Department at least two days prior to the scheduled interview or exam date by calling (530) 406-6880.